

**CASH AID/FOOD STAMP ELECTRONIC BENEFIT TRANSFER - EBT
SERVICE REQUEST**

DATE _____

CLIENT NAME

CASE NUMBER

County Service Counter Request

- ☐ Request Designated Alternate Card Holder ☐ Request Authorized Representative
- ☐ Reactivate
- ☐ Replace ☐ Card ☐ PIN

Explain _____

If you are here to report a lost or stolen EBT Card, call toll free 1-877-328-9677 IMMEDIATELY.

☐ Other (*Explain*) _____

I have received a copy of this service request.

CLIENT OR DESIGNATED ALTERNATE CARD HOLDER/AUTHORIZED REPRESENTATIVE

PHONE

DATE

DateIssued Card ☐ Yes ☐ No _____Issued PIN ☐ Yes ☐ No _____Reactivate
Account ☐ Yes ☐ No _____

Worker Initials _____